

**DIRECT SELLER APPLICATION**

Section 6.48 of the Wauwatosa City Code requires that all direct sellers as defined in Section 6.48.20 apply for a permit. Each applicant must personally appear at the Wauwatosa Police Department, 1700 N. 116 Street, and complete an application in addition to paying a \$50.00 fee. A photo I.D. (preferably a photo driver's license) must be presented to the police clerk at the time of application. Once this application process is completed and the license approved, there will be a 24-hour wait from the time the application is received and paid until the time the permit is issued/given to the applicant, excluding weekends and holidays. If a permit is denied for any reason, the fee paid at the time of application is non-refundable. A permit is valid for a period of one year from the date of issuance. Per City Ordinance, the applicant MUST wear the permit when soliciting in Wauwatosa.

Under Wisconsin law, Chapter 103.23, "No minor under the age of 12 years shall be employed or permitted to work at any street trade". Section 103.25 requires that a minor under the age of 18 years shall not be employed or permitted to work at any street trade unless he/she has obtained a work permit. A copy of the work permit must be attached to this application.

**PLEASE PRINT LEGIBLY:**

NAME OF APPLICANT (Last, First, MI): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME/CELL PHONE: ( ) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PHYSICAL DESCRIPTION: Hgt: \_\_\_\_\_/Wgt: \_\_\_\_\_/Hair Color: \_\_\_\_\_/Eye Color: \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

Have you ever been convicted of any crime, including citations? Y – N

If so, when/where/what? \_\_\_\_\_

Disposition of charges \_\_\_\_\_

If you are from out of state, list the name, address and phone number of the hotel/motel at which you are staying: \_\_\_\_\_

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NAME OF BUSINESS YOU REPRESENT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

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FOR OFFICE USE ONLY:    DATE PAID: \_\_\_\_\_    ID CARD NUMBER \_\_\_\_\_